



## Guidance notes

Please write clearly in the white spaces with capital letters or cross the boxes.

Please fill in the enquiry form and return it in an envelope addressed to:

ATM Siting  
Lloyds TSB Bank plc  
6th Floor, Princess House  
1 Suffolk Lane  
London  
EC4R 0AX

## 1 Your personal details

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Your first names

Your last name

## 2 Your business details

Your business address

Brief description of business

Company's legal status  
 Individual  
 Partnership (with or without limited liability)  
 Limited company (private or public)  
 NHS Trust  
 Unincorporated association  
 Other (please provide full description)

How many outlets do you have?

Weekly turnover £

Do you already have a cash machine on site?  Yes  No

If yes, when does the contract with your current provider expire?

Limited company registration number:

Phone no (daytime/mobile)

Email address

Your signature

Date